

## Editorial

### The human face of medicine

'An unexamined life' declared Socrates in a trial which was to result in his execution, 'is not worth living'. Such courageous self-examination is perhaps the major challenge which confronts all those who offer assistance to people in ill-health. Of course the very word 'challenge' has an old-fashioned ring to it. Today's fashion is to take a cynical view of high-sounding declarations about the vocation of medicine. Such cynicism is no doubt justified in part. Time-honoured phrases like 'the benefit of my patients' or 'the service of humanity' can be used to cover up attempts to corner the medical market for one particular form of professional expertise. Searches in the literature on medical ethics reveal examples of professional arrogance like the following extract from the American Medical Association's Code of Ethics of 1847:

Physicians should study also their department so as to unite tenderness with firmness, and condescension with authority, so as to inspire the minds of their patients with gratitude, respect and confidence.

But our contemporary dislike of such paternalism has its own dangers. The choice of a job which connects daily with the pains and fears of others carries with it commitments which other jobs do not have, or, at least, not to the same degree. Ill people, by virtue of their increased vulnerability, must entrust a great part of themselves to the goodwill of their doctors, nurses and social workers. They hope justifiably for a response to that trust which treats them with human concern and respect, as well as with professional knowledge and skill. Frequently, they are not disappointed in that hope. Yet, as medicine becomes more and more devoted to the improvement of scientific methods of treatment and as the health care professions become increasingly worried about salary, working hours and social status, the human face of medicine is easily obscured. The spirit of our times encourages the disinterested expert, someone competent, career-orientated, and

never over-involved with his clients. If this spirit is affecting medical care, then a new kind of idealism seems urgently required.

Across an editor's desk there comes material of all descriptions. Some is easily dealt with through the usual processes of assessment, followed by acceptance or rejection. Some is clearly of no value to the readership of this type of journal. But a short poem from a British doctor working in Kenya has lain uncategorised on the desk for some months. We do not aspire to be a literary journal and can offer no judgment on artistic merit, but this poem expresses in a simple and deeply felt way what the patient looks for and what he may see in the face of his doctor. For this reason, it has found its way into print in this editorial column. It may help to remind some readers of the self-scrutiny required from those who offer to others, in addition to all the accoutrements of modern medical technology, a human face.

### My Doctor's Face

A face at peace  
Or covered with anxieties;  
All animation dulled from overwork.

A face which gives me meaning  
with its welcome;  
Or shuts me out with quiet disapproval.

A face so tense and hurried  
That you feel,  
His worries must be many more than mine.

Where is that face  
which stays so calm and listens?  
So competently examines, treats and reassures;  
May it be that face  
I shall be meeting.  
The will and strength to live once more.

M. GORDON